THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XXV. Wednesday, November 10, 1841. No. 14.

REMARKS ON PARTIAL FRACTURE OF THE RADIUS.

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In the admirable lectures on surgery by Mr. Phillips, it is stated that a fracture may be incomplete, although some surgeons have denied the possibility of the occurrence, and, as conclusive of the fact, a sketch is given of a bone which had sustained such an injury.

Six cases of this kind have occurred in my practice during the last twenty-five years; and as the diagnosis is rather perplexing to a young practitioner, I am induced to offer a few remarks upon an accident which, although comparatively rare, every surgeon is liable to be consulted upon. The first case that came under my notice happened soon after I left the hospitals, and I well remember how difficult it was to account for the symptoms, for I had been taught that partial transverse fracture was impossible. But I am convinced that a bone may be bent, and the convex portion of the curve be cracked, and yet the fracture be incomplete and unattended with loss of continuity, as a tough twig may by bending be partially broken, and remain permanently curved, although not disunited. In the following case, which occurred but a short time since, the symptoms, peculiar to this injury, were well marked.

A fine, stout, ruddy boy, five years of age, son of B. Warren, Esq., of Clapham-park, was thrown from a donkey with considerable force; in falling he stretched out his left arm to save himself, and received a severe concussion on the ball of the left thumb. I saw him two hours after the accident; the palm of the hand was contused, but the principal injury was at the middle of the forearm, which was swollen and much bent, presenting the appearance of a transverse fracture of the radius and ulna. It was easy to ascertain that there was no dislocation, and that the ulna was uninjured; the head of the radius could be distinctly felt to rotate upon moving the wrist: but this bone was bent, the convexity of the curve being on the external aspect, and there was a corresponding hollow on the ulnar plane: there was no crepitus. Extension made no change in the appearance of the limb. The bone seemed to have been forcibly bent by the approximation of its distal and proximal extremities, occasioned by the violence of the concussion on the ball of the thumb, having produced partial fracture through the convex or bowed part, but not extending across the shaft, so as to occasion a loss of continuity. Leeches and the customary treatment were had recourse to; at the expiration of a week the swelling had subsided, but the curvature remained. In a few weeks after the accident the child could use the limb without inconvenience, and the deformity gradually disappeared. The other cases were attended with similar results: in none did I succeed in altering the bent condition of the bone, although extension was used carefully, and in some instances immediately after the accident; in all, the arm was ultimately restored to its normal state by proper exercise after the inflammatory symptoms had subsided. In every instance the *radius* was the bone fractured, and the patients were under nine years of age. In accidents of this nature, I would suggest that some attempts to remove the curvature by extension must be highly injurious, if sufficiently powerful to be effective; the application of leeches and the usual antiphlogistic means should alone be employed, for the action of the muscles will ultimately restore the limb to its natural form.—*Lancet.*

DR. COMSTOCK ON THE PATHOLOGY OF FEVER.—*ESSAY VII.*

In the mountainous districts of South America, those who descend from the cold regions above to the tropical climate below, are subject to yellow fever, just as those are who visit the West Indies from Old and New England, or any other gelid climate. And this although the inhabitants they come amongst are free from fever and in perfect health.* Quito, Popayan, Santa Fe, Pampeluna, and many other towns, are in the cold climate of tropical regions—they being situated so high up the mountains that on orchards, gardens, men and diseases, the same effects appear as in northern countries; whilst at the foot of the mountain everything is as different as our northern States are from the West Indies. We learn from Dr. Deveze, that the Creoles, who were in Philadelphia, escaped the yellow fever of 1793—which strengthens an opinion entertained by some, that heat, and not miasm, is the principal agent in the production of that fever. But this inference is not conclusive, for the reason that the constitution may become habituated to poisonous air, and also to other poisons, as well as to a torrid atmosphere.

Another fact also merits notice. It is that barren, hilly, and gravelly tracts of country, have been healthy in hot seasons, when pestilence was rife on prairies, on the borders of rivers, and in fertile districts, near by. In all mortal epidemics, the poor suffer most, because they are more exposed to bad air, from filthy garments, ill-ventilated houses, and the accumulation of noxious matters about their dwellings. There is no conceivable height of malignity to which a certain degree of noxious miasm may not raise fevers.

Dr. Henderson, of Huntingdon, Penn., relates the case of a poor family which lived near a small branch of the Juniatta river, which branch at the time was very low. It was in the first part of September, and the effluvia arising from it was so disagreeable as to occasion nausea in those who approached the neighborhood of their house. There were twelve individuals of this family, eleven of whom were seized with malignant fever, of which the five oldest children died. But we more particularly notice the history of it, to mention a symptom which occurred, which, if not unparalleled, can only be equalled by the plague in its utmost virulence, and which Dr. H. imputes to relaxation of the cutaneous vessels and the great tenuity of the *blood.* In three of the children who died, the blood oozed through the extremities of the vessels, so as to stand in minute drops upon the face, arms, breast, and other parts of the body, before their death. If wiped off, no traces were left to show whence it had issued. After death, as might have been expected, livid spots appeared in those places from which the blood had percolated through the surface. The whole skin, and the whole sanguineous mass, were the implicated parts in those surprising cases, in which, for several days before the fatal event, blood flowed through the pores.

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* A remarkable instance of this is given by Dr. Le Blond. He attended the Viceroy and his suit, who came from Santa Fe to Carthagena. One half his guard, consisting of fifty men, fell sick of malignant bilious complaints, such as bilious colic, cholera morbus, black stools, and dark vomitings.

These cases seem to stand in prominent proof of the universal extension of febrile affection to the whole system, instead of pointing to any local viscera as its seat.

From the medical naturalist, Le Blond, we learn, with respect to the origin of yellow fever at St. Pierre, Martinique, that it is engendered on board the ships lying in the road, among the crews newly arrived, rather than in the town; and that when the sick are carried to the hospital on shore, they never communicate it to the inhabitants, but only to the new comers from cold countries. The Creoles at St. Vincents told him, repeatedly, that they never had even heard of yellow fever until after the arrival of the English. Our American Consul, Mr. Hill, endeavored to keep an exact list of the deaths of seamen from the United States to the Havana. From June, 1805, to January, 1806, he obtained the names of eighty-six who died; and he reckoned fourteen others, of whom the names were not obtained, making one hundred in all. The whole number of mariners who arrived at that port in that space of time, was three thousand; so that exactly one in thirty died, and all of fever except one, who was poisoned by eating fish. Their average stay was only one month. Yet the mortality of the resident inhabitants for the whole year was but one in forty. Notwithstanding our ideas of the unhealthiness of that city, Mr. Hill observes that it was by no means uncommon to meet persons in the enjoyment of all their faculties from 70 to 90 years of age, and that some arrived to upwards of 100.

We were about to extend this article by other references, showing the usual immunity from yellow fever, of residents in tropical climates. But we deem those already adduced as sufficient. And we deem them curiously interesting, as establishing a point in the pathology of yellow fever. It is evidently and undeniably this, that the greatest predisposition to that disease arises from a previous residence in a cold, healthy, northern climate, the possession of a good constitution, and the enjoyment of high health. Circumstances which insure exemption, in a great measure, from all other diseases, denote the greatest liability to this.

The propensity of yellow fever to attack the robust, is exemplified, when it has prevailed in any of our cities, by the greatest number of its victims having been of that class—by its invading, also, more men than women, more women* than children, and by its leaving the invalid and feeble unmolested. Indeed, it is not unusual for those of the latter classes to be improved by that state of atmosphere in which it prevails—showing that miasm, contagion, or heat, one or the other, or all together, act as a contra-stimulus to the diseased motions of chronic disorders.

How long a person from a northern climate must reside in the West Indies, or the States of the South, to become acclimated, and lose his appetency to be subjected to yellow fever, will depend somewhat upon his individual peculiarity of constitution. Dr. Ramsay, than whom a higher authority cannot be quoted, speaking of the yellow fever at Charleston, in 1804, says that the disease, as usual, was confined to strangers to the air of that city, but that it attacked some who had resided there one or two years. The deaths that year amounted, from first to last, to between two and three hundred, none of whom appear to have been native citizens. Yet he adds, that about two thirds of the strangers escaped the fever, and that more than one half of those who took it got safely through. This would make a very great number of strangers present in the city at that time; which the doctor accounts for, by telling us that they were encouraged to stay because there was no yellow fever there the year before.

Of the relative numbers of males and females who perished, the discrepancy has sometimes been very remarkable. At Cadiz, of 7387 victims, only 1577 were females, being less than one fourth. At Seville, out of 14,685 deaths, 3672 only were females, being almost exactly one fourth.

That contagion is not always a secreted pus, as in smallpox, is evident from hooping cough. That every contagious affection can be contracted only once, fails analogically. Lues venerea and psora are communicated by secreted virus, and yet the constitution acquires no exemption from indefinite contamination.

The question of contagion seems to be as undecided in the West Indies, as with us, and must long remain in the same state that it now is, if facts on each side continue to be as well authenticated, as numerous, and from authorities as respectable, as they now are. We will here, however, dismiss the subject with one query, which may tend to compromit the matter. May not that which passes from the air to the sick (admitting the air to be the cause of fever), pass also from the sick person to the air?

The most frequent of all the remote causes of fever, is cold. But that the inhabitant of a cold climate acquires a greater liability to be acted on in consequence, when he visits a warm climate, is a modern, but well substantiated doctrine. The results are the same, whether he visits a tropical climate abroad, or whether a tropical climate visits him at home. We speak particularly as it respects yellow fever. For of any other disease we do not know that the parallel is sustained, or the greater propensity of suffering, by going from a cold to a warm climate, acquired.

The fancied exemption of negroes from yellow fever, according to Dr. Deveze, is a mistake; they sharing susceptibility or immunity, as they have not, or have been, acclimated, just like those of other complexions.

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* Of typhus fever, Dr. Nathan Smith tells us that "more females are cut off by it than males."

We have, in a former Essay, mentioned that yellow fever was usually confined to cities and ships, and that spotted fever was more particularly a disease of the country. But in both cases there are many exceptions. Spotted fever prevailed in the city of Mexico. And in Boston, in the winter of 1813, it would seem that it, or one of its congeners, proved suddenly fatal in some instances. We felt particularly interested in the report of John C. Warren, M.D., of two cases of *post-mortem* examination. The one was the body of a clergyman, who was seized with agonizing pain in the breast, arms, and an affection of the heart, with irregular pulse, and from whom "sweat poured in streams," and still his skin had a death-like coldness. His pulse became imperceptible on the third day, after which he lived thirty hours, and then expired. Pathology requires a reference to those anomalies, which although they may seldom occur, serve to throw light upon cases which we are frequently called to encounter. Now although the dissection in this case displayed the marks of what we should suppose would have excited the most violent fever, yet we are assured that this usual and important symptom was entirely absent, which might be also inferred from what has already been stated respecting the coldness of the patient's skin. The principal morbid affection, which had caused such unexampled suffering, is expressed in these few words. "The pericardium, which closely invests the heart, exhibited marks of violent inflammation." The loose pericardium was affected, but in a less degree. "The substance of the heart was swelled and remarkably tender." The lungs were natural and healthy, and some minor lesions which were discovered, we feel inclined to refer to consequences rather than causes. Here, then, was *inflammation* without *fever.* The second case was that of a robust, muscular man, who was seized with "agonizing pain in the left side," and died on the fifth day. On that day "an enormous tumor was discovered on the side of his neck, hard as a stone, and filling the neck almost from the ear to the clavicle." The lungs, upon examination of the body, two days after death, were found as follows. "The right lobe was spotted, as though caustic had been applied to the surface where the spots were found ; the left lobe adhered to the pleura of the ribs, with an intervening cavity containing lymph and semi-purulent fluid. At the places of these adhesions the color of the lung, we are told, was absolutely black, approaching to gangrene. This discrepant appearance of the viscera, in the same subject, we have adverted to in a former Essay, as a matter having an important bearing. But the most striking incident connected with this case was, that the enormous tumor of the neck had, when the dissection was made, entirely disappeared.* We may, in a future Essay, advert to this circumstance again, in connection with a late case in our own practice. As in the former subject, the heart was found softened. In this, the same phenomenon was noticed in the brain ; from which (taken in connection with what the eminent Professor, who made the dissections, observes, relative to the discrepant appearances of the tissues, from those affected with common inflammation) we should infer, that the inflammatory phenomena were of the erysipelatous kind—a species which tends rapidly to gangrene, to the effusion of lymph and of serum, from the laxity of the vessels, and to greater disorganization, with less fever, than the other kind.

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* See New-England Journal for 1813, page 153 et seq.

This tendency to immense serous effusion is very remarkable. We have formerly noticed a case in which three quarts were found in one sacculus in the same subject. And yet another is recorded, in which, in a kind of cyst, formed by a recent concretion of lymph, *more* than three quarts of thick and discolored serum were discovered.* This lymphatic cyst was about a quarter of an inch thick.† The low state of the pulse is also in confirmation of this pathology. This, indeed, is almost or quite the only steady and inseparable concomitant of the disease, the other symptoms being extremely various and diversified. And here the remark of Hippocrates—*that the remedy indicates the disease*—may be brought to bear. For from no one source have we ever learned, that any practitioner would use the lancet with that freedom and repetition that he would in genuine pleurisy, although the pain was more severe. These excruciating pains were without any discoverable cause, either in the sick or in the dead, which seemed sufficient to produce their extreme violence. We well recollect a case in which this pain was in the abdomen, and that after death we expected to find some obstruction, introsusception, adhesion, or marks of violent inflammation. But our surprise was great to find nothing of either—and, indeed, nothing at all except a slight pink color of the external vessels of the bowels, which would hardly have been noticed, had we found anything else to notice.

The comparative result of different dissections seems to support the opinion that the most apparent phenomenon was an inflammation of the serous membranes. This might be in the meninges of the brain, in the pericardium, in the bronchia, in the pleura, in the lungs, or in the intestines. But what could occasion those extreme local and circumscribed pains, which were sometimes felt in the extremities? We shall perhaps, in a future Essay, more particularly investigate this query, and at present only say that they were a species of tic douloureux.

When cough and expectoration attended, they were entirely disproportioned to the violence of the symptoms. Just as we sometimes find in croup, when it is likely to prove fatal. There was one feature which, among others, was quite peculiar. Persons seized suddenly with excruciating pain, sometimes had a hallucination that some one had severely beaten them. We had such a case in a young woman, who declared that her sister had been inflicting severe blows upon her stomach, and had then hid herself under the bed. And Dr. Jackson, of Boston, mentions the case of a truckman, who had the same kind of delirious idea.‡ It is very noticeable, also, that when spots were not to be seen on the surface, in cases of death and dissection they were found on one or more of the viscera—as on the liver, lungs, and pericardium.§

Sudden deaths, during the reign of febrile epidemics, take place in some instances before the fever forms. They may be compared to those cases in which the patient suddenly expires after amputation, or the crushing of a limb, in which Sir Astley Cooper observes they will die without "any rising of the pulse or animal heat after the accident." We have seen a case of profound stupor ending in death, in a carpenter who had both his legs broken by the falling of a part of the frame of a building which he was helping to raise. Poisons, not narcotic, will sometimes cause a coma that will end fatally. We saw a child in this state after it had drank a solution of corrosive sublimate, which its mother had prepared to use about her bedstead, and at the time we were very much surprised at such an effect. We suppose that the brain and whole nervous energy are paralyzed in such cases by the poison, and that something similar occurs in severe bodily injuries, as also in fevers; and although highly interesting pathologically, are still less wonderful than the sudden effect of injuries upon the secretions. We may refer, in addition to what we have noticed in a former Essay, to the case of a child who died, as related by Sir Astley Cooper, of inflammation of the pia mater, from a blow on the head, which, upon examination after death, had in its gall-bladder a colorless fluid. We have already noticed that the bile occasionally assumes many different colors; but this is the only notice that we have ever seen of its being entirely colorless.

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* New-England Journal of 1813, page 252. † Ibid. ‡ Ibid, page 253.

§ See a case of disease, death and dissection, by A. Bullard, M.D., ibid, page 268.

As we have mentioned something respecting the treatment of yellow fever, we will here conclude by saying that our favorite remedy in high, hot, inflammatory fevers, as a cathartic febrifuge, is cream of tartar and sal nitre, of each eight grains in impalpable powder, with calomel from ten to twenty grains. This we more highly esteem than the popular *ten* and *ten* of jalap and calomel, deeming the jalap as too irritating for an inflamed stomach. If our remedy does not prove sufficiently operative, it may be followed with castor oil.

Vinegar-whey and sage-tea are the most certain and innocuous of sudorifics, in all fevers whatever. Injections of a solution of tartar-emetic, to check vomiting, and to procure stools, are very potent and important. Ipecac. may be substituted for tartar-emetic, when debility or dysentery render it best adapted. It must be used mixed in milk or mucilage *pro injectio.*

APPARATUS FOR FRACTURE OF THE THIGH.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—From remarks which have been made to me of late, in conversation with medical friends, I find that there is an impression existing (though I know not to what extent) that the apparatus for the treatment of oblique fracture of the thigh bone, which is used at the Massachusetts General Hospital, in this city, was either the invention of some ingenious mechanic of Boston, or that it was constructed by me, from the suggestions or directions of its inventor. Both views have been presented to me.

Now, Sir, if there is any merit to be attached to this thing, as there would seem to be, from the fact that the improvement has been adopted and used in the above-named Hospital for more than twenty years, my simple wish is, that it should rest where it belongs. The facts in relation to this apparatus are these. Becoming dissatisfied with the effect of Desault's, in the treatment of some cases in A. D. 1818 and 19, and having sufficient reasons for rejecting the more cumbrous one contrived by Dr. Physick, I designed and constructed a miniature model of the apparatus above alluded to. This I adjusted to a corresponding miniature model of the pelvis and lower extremity, in order to show the mode of its application, and presented the same to my highly-esteemed friend and teacher, Dr. J. C. Warren, who directed articles of due size to be made from this pattern, for the use of the Massachusetts General Hospital.

Dr. Warren, probably, has the model still in his possession, and I doubt not would support me in the whole of the above statement; and further *collateral* evidence will appear by adverting to the *N. E. Journal of Medicine and Surgery*, Vol. X., p. 38, where an article on the subject will be found (with an engraving of the apparatus), written and communicated by me in A. D. 1821. J. F. Flagg.

Boston, Nov. 3d, 1841.

ON THE CURE OF NÆVI OR NATURAL MARKS.

[The following remarks on the cure of nævus maternus are by Dr. Marshall Hall, being one of his additions to Underwood's Treatise on the Diseases of Children, referred to in last week's Journal.]

The principal modes of the cure of vascular nævus, which have been hitherto tried, are—1, the application of cold and pressure, proposed by Mr. Abernethy; 2, vaccination, by Mr. Hodgson; 3, excision, by Mr. J. Bell; 4, the ligature, by Mr. J. Bell, Mr. White, and Mr. Lawrence; 5, the application of the potassa, by Mr. Wardrop; and 6, the ligature of the principal artery which supplies the nævus. The first of these modes of treatment is usually insufficient; the second is only applicable to superficial nævi, and frequently induces ulceration and sloughing, and eventually a scar; the third is frequently dangerous from hemorrhage, and proved fatal in one instance even in the hands of Mr. Wardrop; the fourth is attended by extreme pain, and in one case there were convulsions; the fifth must be liable to the same objections: all these remedies, except the first, leave a scar, and are totally inapplicable to many cases of diffused or deep-seated nævus; the ligature of the artery is at once a formidable and unsuccessful operation.

To this list of remedies must be added the tartar-emetic ointment, the nitric acid, &c. The same observations apply to them. Their application is attended with pain, and followed by a scar.

The question is, can we devise a mode of treatment in these cases, which shall, without the danger of inducing ulceration or sloughing, be efficient in the cure, applicable to all circumstances and localities of the disease—to parts not admitting of pressure, and to parts so deeply seated as to be removed from the action of vaccination, and not to admit of the ligature or of excision? All these objects may, I think, be attained by a simple operation: this operation is calculated to induce the slow adhesive inflammation in parts of low vitality, avoiding the destructive processes of ulceration or sloughing; it is applicable to any part not admitting of pressure, as the eyelid, the lip, the tongue, the labia pudendi, this auxiliary not being required for hemorrhagy, or any other event, or for the cure; and it may be carried deeply, to parts adjacent to an artery, to bone, &c.

It only requires to be done thoroughly, to be repeated often enough, and to be followed by sufficient delay for processes, necessarily slow, to be established and completed.

It seems long to wait weeks and months for the completion of nature's operations. Yet it is distinctly proved that that which cannot be accomplished in the present case, in *one* month, or in *two* months, is so in *six.* And if any part be left uncured, the remedy is as simple as it is easy and efficacious. I cannot have the slightest doubt that the most formidable cases would be cured by the persevering repetition of this trifling operation every two months. And when this statement is contrasted with those in which the formidable operations of the ligature of the artery, of the ligature, or excision of the tumor, and of the application of the caustic potassa, are detailed, it must, I think, be admitted that the proposition for the cure of nævus, by mere punctures, or slight incisions, is not without its value.

The mode of cure to which I have alluded, consists in passing a needle of moderate but sufficient size, and with cutting edges, through the nævus, so frequently as to induce the adhesive inflammation with the deposit of lymph, and so as to obliterate and consolidate the vessels of which it is composed, yet so seldom as to incur no risk of inducing sloughing. The needle must be passed in several directions from one point in the circumference of the nævus, to several points more or less opposite. These punctures or incisions must be made near the surface in the superficial arterial nævus; but in a place more or less deeply seated, in cases of the deeper capillary nævus.

The operation must be *repeated* at distinct intervals of *two, three or four months*, according to the state of the case, and progress of the cure; this is not of the slightest consequence, for the operation neither inflicts pain nor occasions hemorrhagy of any moment; or the whole nævus may be divided at two distinct operations, by severing alternate portions, after any convenient interval of time.

The object of this proposition is to avoid *pain*, *hemorrhage*, and *scar.* Its principle is this: to substitute *cicatrix* for the nævous tissue. In fact, whatever may be done, sacrificing the skin, may be done preserving it, whether this be accomplished by *punctures*, *incisions*, or even by *ligature.* The sole difficulty in the proposition is the length of time required for nature's operations: patients and even surgeons are unwilling to wait, and wait they must, if the cure depends upon the establishment of adhesive inflammation and the deposit of lymph.

OIL OF ERGOT IN DIARRHŒA.

Mr. Wright has twice administered the oil of ergot in troublesome diarrhœa, and with very marked advantage. The dose in these cases was ten drops every three hours, and both the patients were cured on the day following that of the administration of the medicine. It must be understood, however, continues the author, that this remedy acts simply by subduing any inordinate irritability of the intestines, for it is not physiologically an astringent.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 10, 1841.

DR. HAYWARD'S INTRODUCTORY LECTURE.

On opening the lecture term at the Medical College in this city, last Wednesday, it devolved upon Dr. Hayward, Professor of the Institutes of Surgery, to give the introductory. The anatomical theatre was well filled at an early hour. The discourse was an admirable one, characterized by plain common-sense reflections, cogent reasoning, and excellent language, well arranged. Were we in possession of the manuscript, copious selections would be made from it. If the class ask its publication, as it is hoped they will, the public will derive great pleasure from its perusal. We have heard introductories, here and there, in various institutions, for a succession of medical lecture seasons, but have no recollection of having been more rationally entertained by any than we were by this.

Trial for Mal-practice.—A pamphlet was received the other day, for which we return thanks, entitled "A Report of the facts and circumstances relating to a case of compound fracture and prosecution for mal-practice, in which William Smith was plaintiff and Drs. Goodyear and Hyde were defendants, at Cortland Village, Cortland Co., N. Y., March, 1841. Comprising statements of the case by several medical gentlemen, together with notes and comments on the testimony, by A. B. Shipman, M.D." Some reference has heretofore been made to this vexatious affair, but in this publication the facts are so arranged and set forth, that the reader is able to have a better understanding of the matter, than through any previous channel.

The principal object of Dr. Shipman, however, in the publication of this pamphlet, seems to be a vindication of his own practice and reputation, as regards the treatment of the plaintiff's case. Drs. Goodyear and Hyde, it will be recollected, who were physicians to the almshouse in which the plaintiff resided, advised amputation of the fractured limb, which was opposed as unnecessary by Dr. Shipman and one or two others who had been called in consultation. In consequence of this disagreement, amputation was not performed, and ten days after, Dr. Shipman was called upon by the patient to take charge of the case in place of the defendants. Dr. S.'s mode of treatment, by sawing off a piece of the protruding bone, in lieu of amputation, may be found related on the 76th page of this volume of the Journal. The action was brought by the plaintiff to recover damages for mal-practice, and the defence of course rested in part on the propriety of amputating at the time the operation was proposed. Surgeons of respectability and skill testified as to the expediency of both modes of treatment in question, but the result was such on the minds of the plaintiff's counsel that the suit was withdrawn by them before it went to the jury. Dr. S. brings forward in the pamphlet sufficient authority, we should think, for his choice of treatment, to prevent any stigma attaching to his reputation as a surgeon ; and this we say without in the least intending to reflect upon the views of the other medical gentlemen concerned. Indeed the result of the prosecution will always be a sufficient defence on their part.

Prosecutions for mal-practice are pretty much of a piece with those for a breach of promise of marriage, and are looked upon by the discriminating public in a similar light. They are in general a pretext, and that is all, for sponging a little money out of some one who has got more than the plaintiff; although sometimes, were it possible to probe to the bottom of the motive, it would be found to be an arch scheme for ruining the reputation of the defendant. In all trials for mal-practice in medicine and surgery, our sympathies are in the first place enlisted on the side of the defendant, knowing, as we do, from years of critical observation into the history of these litigations, that the public good, humanity, benevolence, philanthropy or any other praiseworthy object, is in most cases entirely out of the question.

We hope this report will have an extensive circulation, as, aside from any local or personal object, it will have the effect of putting surgeons on their guard against unprincipled patients and their special friends.

Devotion to Science.—Within a short time the Cabinet of the Boston Phrenological Society, consisting of a vast collection of casts, has been deposited in new apartments in Washington street. In the course of an examination of this very curious museum, the other day, we were shown the skull of the late M. Roberton, of Paris, who not only bequeathed very many curious heads to this Society, but a sum of money to defray the cost of transportation, and lastly, his own *head!* This came safely in a small box, and is more striking in consequence of having two prodigious rows of teeth, than for any notable protuberance on the cerebral region. M. R. entertained a devoted feeling of attachment to Dr. Spurzheim, and after showing his love for the science of phrenology, it was the constant desire of his heart, we understand, to have his skull placed by the side of that great philosopher's—in which he is likely to be indulged.

Fatality of Epidemics.—The Rev. Mr. Clapp, in a late charity sermon at New Orleans, said that he had resided twenty-one years in that city wanting a few months, and had witnessed in that period eleven epidemic yellow-fever years, and two cholera seasons—each carrying to a sudden grave never less than three thousand human beings, and often five thousand. Within twenty years, one hundred thousand persons had been swept away in that city ; and of that immense number, twenty-five thousand were young men, between the ages of 18 and 20 years. We have never seen a more striking allusion to the fearful ravages of death, in any one city. Yet adventurers will rush on to the grave, notwithstanding the continual warning of the acclimated inhabitants, "to keep away till the fever subsides."

Consciousness of Suffering.—John Dougherty, some time since, was dreadfully crushed between a rail-road car and the wall of the ticket-office, at Baltimore. He has recovered, and his recollection of the sensations he experienced at the moment, is vividly described in the American of that city. It seems that his first expectation was that the car would be stopped; but it rolled on, and he felt the horrible pressure slowly advancing. He next felt the awful sensation of the breaking in of his ribs. A terrible feeling next came over him, as though a burning flame had suddenly passed from the lower part of the body to the head—which was caused by the violent injection of blood into the brain. At that moment he became senseless and fell, apparently dead. A return to consciousness is described to have been like the effects of an unpleasant dream, from which it seemed that there would be relief when he awoke. It appeared to by-standers impossible that he should recover; yet under the watchful care of Dr. Dunbar, he has been finally restored. We hope to see a more particular account of the injuries received in this case, drawn up by Dr. D. himself.

Importance of Punctuality to Medical Men.—The editor of the London Lancet, in some excellent advice to students on commencing their studies, has the following remarks on the importance of punctuality.

"But to reap the fruits of this instruction, he must bind himself down to the unswerving exercise of punctuality. A single lecture lost is a link gone, which the whole session may not be adequate to repair; but in addition to this, a breach of punctuality is a moral sin of the most serious kind, and deserving of the strongest censure. Punctuality is a virtue more necessary to the medical practitioner than to any other member of society. With what confidence does the agonized and enduring patient look forward to the moment when the assuager and comforter of his pains should arrive. Cruel, indeed, and lost to all kindness, must be the heart that under such circumstances could permit delay. Punctuality inspires confidence not only in medicine, but in every other calling of life. He who would observe punctuality should find an excellent means of training in that important attribute, in the daily duties of his hospital education. The lecturer should step into his class-room at the precise moment of the striking of the clock; and cease as the minute-hand completes its revolution: the medical officers should commence their visits to the wards of the hospital at the instant that they advertise—knowing the value of the student's time, and feeling for the anxious expectancy of the suffering patient; all should be regular as clock-work. It was a saying of the immortal Nelson, that he gained all his victories by the quarter of an hour preceding the time which he had appointed. It is a practice with our best surgeons, in naming an hour for an operation, to have everything prepared a half hour beforehand, and to anticipate by that half hour the suspense of the expectant sick. Such surgeons must be eminent, not only in the eyes of their professional brethren, but also in those of the public. All men can judge of punctuality, but all cannot judge of medical knowledge; their judgment will, therefore, be decided by that which they can appreciate. We do not apprehend scepticism upon this important subject, but if we analyze the principles of punctuality, we shall find that they are the most ennobling of the human mind. Punctuality is a ternary compound of conscientiousness, benevolence and firmness. The non-punctual man has no consideration for the time and property of his fellow men; he is urged by no correct principle of duty; the inducements of kindness have no place in his heart; and that steady firmness is wanting which would enable him to break from present occupation, however trifling, to fulfil his promised engagements. Gentlemen, be punctual, if you would win the respect of the society in which you move. If you be so unfortunate as not to see its value now, be punctual still, for the moment is not far distant when you will be enabled to appreciate fully its importance."

Quackery and Humbug.—The Medical Society of London held its first meeting for the session, September 27, 1841. Dr. Clutterbuck, president, in the chair. There was a very full attendance of members and visiters. In some preliminary observations, Dr. Clutterbuck took occasion to allude to several kinds of "quackery" and "humbug" which have lately prevailed, to a certain extent, in the profession. He particularly alluded to some new operations for defective vision, to operations for stammering, and to mesmerism. He classed the three together as being equally worthy of condemnation. He could not help expressing regret and surprise, that such proceedings as these should obtain, even a transient notoriety, in a profession so strictly one of fact, as that of medicine. When, however, they did, unhappily for the public and the profession, succeed in obtaining dupes, then it was the duty of societies, like the Medical Society of London, to expose and condemn the fallacies. This was one great benefit which medical societies conferred upon the public.—*Ibid.*

Obscure Disease of the Heart.—Dr. Johnson related, at the same meeting, the case of a young gentleman, who had become gradually emaciated without any obvious cause. He had no fever; his pulse was weak and slow, but his appetite was good. He was placed under the care of several eminent men, who all of them failed in detecting any kind of disease; and as the emaciation progressed, he was sent to Leamington. Here it was said he would soon get well, but one morning the physician in attendance found, to his surprise, that there was no pulse; he therefore ordered him off to London immediately. He was brought to town in an invalid carriage, and Dr. Johnson saw him. He lived one week. During this time he was examined with the greatest attention, but no trace of disease could be discovered; the pulse was scarcely to be detected, and the heart's action could not be heard. After death, no structure or organ appeared to be diseased, except that they were all much attenuated, till the heart was exposed. On examining this organ the two surfaces of the pericardium were so adherent that they could not be separated with a scalpel. The heart itself was not larger than a goose's egg, while the parietes of the left ventricle were an inch and a half in thickness. The cavities of the organ, instead of being able to contain twelve drachms of fluid, would barely hold three drachms.

This was an instance of inflammation having produced its destructive effects before its presence was detected. Death resulted from the gradual diminution of the quantity of blood, and the inability of the heart to do its office.—*Ibid.*

On the Propagation of the Variolæ Vaccinæ by Crusts from the Cow. By **John Baron, M.D., F.R.S.**—On the 7th of this month my friend Mr.

Coles informed me that he had heard of the existence of the variolæ vaccinæ at a farm a short distance from this place. The following morning we visited the cows. One only had been affected by the complaint. The teats were covered with the remains of the disease, but not a single vesicle existed from which lymph could be taken. Under these circumstances I recommended Mr. Coles to collect a few crusts. This was done, and on the 10th of this month he triturated two of them with cold pure water, having previously separated the margin and outer layers of each crust, and with the fluid thus obtained he inoculated six children, with three punctures on each arm. Out of these thirty-six punctures only one took effect. The vesicle formed in this instance was rather small, but very perfect in its form and character; so much so that no hesitation was felt about the propriety of attempting to propagate the disease from it. Mr. Coles accordingly used it on *two* children on the 17th, and *one* on the 19th, all of which succeeded. From one of these patients, vaccinated on the 17th, he vaccinated four on the 24th; and from that vaccinated on the 19th, he charged about forty points on the 26th. All the vesicles were very fine and perfect, with the exception of those on one of the children vaccinated on the 17th. The deviation in this instance clearly arose from the co-existence of an affection of the skin, which manifested itself the day after the lymph was inserted, and so completely altered the character of the vesicle as to render it unfit for use. I am the more induced to dwell for a moment on this latter event, as I have reasons to know that the evils arising from inattention to deviations of this kind are not sufficiently regarded by gentlemen employed by the Guardians in vaccinating the poor. I myself, at least, have had communications from two Unions on this very point. It cannot therefore be too strongly stated that persons vaccinated under such circumstances ought not to be considered as secure from subsequent attacks of smallpox.—*Lon. Med. Gaz.*

Medical Miscellany.—From Buenos Ayres, the sad intelligence was brought last week, by the barque Chalcedony, that *scarlatina* was raging so dreadfully, Sept. 10th, that from forty to fifty a day were dying with it—cases occurring in nearly every family. There had been but little or no rain for four months, and the cattle were dying in great numbers also.—New cases of yellow fever are continually occurring at Vicksburg, but they are thought to be of a less malignant character. It is impossible to predict the final issue of this raging epidemic at New Orleans. People are still swept off at a fearful rate; and although warned by the whole press of the city to keep away, strangers are pouring in from the North by thousands.—Dr. W. C. Wallace, an excellent writer and operator on the eye, has been appointed to the chair of Ophthalmic Surgery in the Vermont Medical Academy.—Dr. Kilbourne is about giving a private course of lectures on anatomy, physiology and hygeia, in New York.—The injection of a solution of chlorure of aluminum into the aorta of an animal, will preserve the body, it is said, indefinitely.—Dr. M. C. Greene has been appointed post-master at South Woburn, Mass.—Dr. Tolland, of Columbia, S. C., recently operated successfully on a boy seven or eight years old, for stammering.—A young American medical student, says the Western Journal of Medicine, was attacked last autumn with enteritis, and placed himself under the care of M. V., one of the most celebrated of the Parisian faculty, who prescribed five leeches to the abdomen, water sweetened with beet-root sugar, taken ad libitum, and a lavement of cold water, to be taken twice a day!—It was lately stated at a meeting of the London Medical Society, that gastrodynia had been removed in many cases by five-minim doses of stramonium given three times a day.—Surgeon General Lawson, of Washington, was recently appointed by the President one of the commissioners for selecting a suitable site for a national armory, on the western waters.—Dr. John S. Butler was re-elected, last week, Superintendent of the Hospital for the Insane, at South Boston.—Drs. Cutter and Parker, who have jointly, of late, managed a private institution for the insane, at Pepperell, Mass., have dissolved copartnership, to take effect Nov. 1. Dr. Cutter will now have the entire control, as in former times.—It is said there are 100 physicians in St. Louis, Mo.

Number of deaths in Boston for the week ending Nov. 6, 36.—Males, 16; Females, 20. Stillborn, 5. Of consumption, 8—typhus fever, 4—lung fever, 2—drowned, 1—croup, 3—debility, 2—pneumonia, 1—scarlet fever, 5—bleeding at the lungs, 1—canker, 1—old age, 1—teething, 1—bronchitis, 1—paralysis, 1—marasmus, 1—unknown, 2.

Married,—In Boston, Benoni Gray, M.D., of Point Levre, L. C., to Miss Margaret S. A. Bryant.—At Hillsborough, N. C., Dr. William Mallet, of Fayetteville, to Miss C. B. Walker.—At Limerick, Me., Charles L. Swasey, M.D., to Miss H. Perry.

Died,—At Mansfield, Dr. Roland Green, 76.—At Marion, Alabama, Dr. Henry Yarbrough, 34.—At Lexington, Ky., Dr. Thomas P. Satterwhite, in consequence of being thrown from his horse.—At St. Josephs, Florida, Dr. Edward R. Gibson, editor of the Floridan.—In Kent Co., Maryland, Dr. Morgan Brown, 72.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15 49″. *Elevation* 483 *ft.*

1841.		THERM.			BAROMETER.			Wind,	Weather,	Remarks.
Oct.		Sun r.	2, P.M.	Sun s.	Sun r.	2, P.M.	Sun s.	2, P.M.	2, P.M.	
1	Frid.	40	55	51	29.40	29.50	29.68	N W	Fair	
2	Satur.	36	52	48	29.60	29.77	29.76	N	Fair	
3	Sun.	45	45	36	29.58	29.42	29.36	N E	Rain	Great storm, snow at 5 o'clock.
4	Mon.	34	40	40	29.12	29.29	29.38	N E	Rain	Storm continues, with wind, snow & rain.
5	Tues.	41	44	44	29.48	29.53	29.52	N	Rain	Storm continues.
6	Wed.	42	50	48	29.50	29.47	29.48	N	Cloudy	3.19 inches of rain during storm.
7	Thur.	41	62	54	29.44	29.38	29.46	N W	Fair	
8	Frid.	48	[illegible]	[illegible]	29.37	29.30	29.38	N W	Rain	.31 inch of rain.
9	Satur.	47	60	[illegible]	29.34	29.36	29.37	N W	Fair	Lightning in the south in the evening.
10	Sun.	44	55	56	29.44	29.47	29.50	N W	Fair	Frost in the night—the first this year.
11	Mon.	34	58	54	29.56	29.48	29.43	S W	Fair	.05 inch of rain in the night.
12	Tues.	54	60	[illegible]	29.22	29.19	29.20	S W	Cloudy	
13	Wed.	42	52	48	29.30	29.34	29.38	N W	Fair	
14	Thur.	38	56	46	29.47	29.46	29.44	N W	Fair	Aurora borealis.
15	Frid.	38	44	46	29.44	29.24	29.19	S W	Rain	
16	Satur.	42	47	45	29.30	29.40	29.48	N	Cloudy	.01 inch of rain.
17	Sun.	40	46	46	29.52	29.54	29.53	N	Fair	
18	Mon.	34	46	44	29.53	29.50	29.50	N W	Fair	High wind.
19	Tues.	33	48	44	29.42	29.29	29.26	N W	Fair	.23 inch of rain.
20	Wed.	40	47	46	29.10	28.86	28.83	S W	Rain	
21	Thur.	36	46	42	28.73	28.74	29.80	S W	Fair	
22	Frid.	38	48	44	28.89	28.93	28.99	S W	Fair	
23	Satur.	37	46	46	29.17	29.19	29.17	W	Cloudy	Halo around the moon.
24	Sun.	34	50	46	29.23	29.18	29.19	S W	Fair	
25	Mon.	33	34	32	29.26	28.34	28.40	N W	Fair	Very pleasant—days smoky and calm—Indian summer.
26	Tues.	25	46	46	29.50	29.36	29.26	S W	Fair	
27	Wed.	37	50	48	29.44	29.55	29.62	N W	Fair	
28	Thur.	23	42	40	29.90	29.90	29.91	N	Fair	
29	Frid.	35	52	51	29.86	29.76	29.72	S W	Fair	
30	Satur.	48	66	64	29.70	29.70	29.70	S W	Fair	
31	Sun.	48	70	65	29.75	29.79	29.77	S W	Fair	Halo around the moon.

This month has been variable, the first part of it wet, with much dull and cloudy weather, the latter part of it pleasant, and the two last days quite warm. 3.82 inches of rain fell. Range of thermometer from 23 to 70; barometer, from 28.73 to 29.91. No severe frost till the 10th.

MEDICAL WORKS, PUBLISHED BY BARRINGTON & HASWELL, PHILADELPHIA.

Andral's Medical Clinic; Bryant's Anatomical Examinations; Burne on Habitual Constipation; Clutterbuck on Bloodletting; Collins's Practical Treatise on Midwifery; Cooper's (Sir A.) Lectures on Surgery; Curling on Tetanus; Cutler on Bandages and Bandaging; Edwards on the Influence of Physical Agents on Life; Epidemics of the Middle Ages; Essay on Physiology and Hygiene, by Reid, Ehrenberg, Stromeyer, Muller, &c.; Evanson and Maunsele on the Management and Diseases of Children; Freckleson's Outlines of Pathology; Gooch's Midwifery; Holland's Notes and Reflections; Homer's Med. and Topog. Observations upon the Mediterranean, Portugal, &c.; Hunter on the Blood, Inflammation, and Gun-shot Wounds; Hunter on the Teeth; Hunter on the Venereal Disease; Hunter on the Animal Œconomy; Hunter's Principles of Surgery; Hunter's Life; Hunter's Complete Works, 4 vols.; Laycock on Hysteria; Lee's Observ. on the Principal Medical Institutions and Practice of France, Italy and Germany, in 1 vol., with Johnson's Syllabus of Materia Medica, and Latham's Lectures on Clinical Medicine; Macartney on Inflammation; Magendie on the Blood; Marshall on the Heart, Lungs, Stomach, Liver, &c., with Weatherhead on Diseases of the Lungs; Millengen's Curiosities of Medical Experience; Plumbe on Diseases of the Skin; Prichard on Insanity, &c.; Ricord on Venereal Disorders. &c., and Amussat's Lectures on Retention of Urine; Stokes's Lectures on the Theory and Practice of Physic, with Notes, and 12 Additional Lectures, by John Bell, M.D.; Williams on the Physiology and Diseases of the Chest; Willis on Urinary Diseases and their Treatment; Select Medical Library and Bulletin of Medical Science, containing Bell's Materia Medica, and Schill and Aretæus on the Causes and Signs of Diseases.

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The course to commence in the first week in November, and to continue until the first of March. Fees for the course, $25. For single Tickets, $10.

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